

For Office Use Only: **RN**

Amount _____

Date Rec'd _____

Date App Expires _____

Texas Board of Nursing

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
Phone: 512-305-7400 -- Web Site: www.bon.texas.gov

Application by NCLEX-RN® Examination for Registered Nurses

For Office Use Only:

FBI HX: [] Yes [] No

Permit [] Yes [] No

Date Deemed: _____

Staff Initials: _____

SECTION A: Applicant Information

Indicate your legal name as listed on your driver's license or Picture Identification. Discrepancies in name may result in not being able to verify your identity the day of your examination.

Last Name (Print): _____ First Name: _____

Middle Name (will appear on license): _____ Previous Name(s): _____

(Address) _____ (City) _____ (State/Country) _____ (Zip/Postal Code) _____

(E-Mail Address) _____ () _____
Phone Number

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Mo Day Yr

Gender: [] Male [] Female **Ethnicity:** [] African American [] Asian [] Caucasian [] Hispanic [] Native American [] Other

Name of BASIC RN Nursing School Attended: _____ Graduation Date: _____ / _____
Mo Yr

Entry Date: _____ / _____ Graduation Date: _____ / _____ NCSBN Program Code: _____ - _____
Mo Yr Mo Yr NCLEX School Code

Location of Nursing School: _____ (City) _____ (State/Province) _____ (Country) _____

Type of Basic RN Education Program: [] Diploma [] Associate Degree [] Baccalaureate Degree [] Master's Degree

SECTION B: Licensure Information

1) [] No [] Yes Have you ever taken the NCLEX-RN®?
If "Yes", indicate dates and states: _____

2) [] No [] Yes Have you ever been granted authority to practice nursing in any country, state, province or territory?
If you answered "Yes" to question 2, you must answer questions #3 and #4 in this section of the application.

3) [] No [] Yes Have you used the authority granted to practice nursing?
If "Yes", indicate the country(ies) _____
and date you last practiced as a registered nurse: _____ / _____
MM YYYY

4) [] No [] Yes Have you practiced nursing by using your nursing knowledge, skills, and abilities as a registered nurse for a minimum of two (2) years within the last four (4) years preceding the filing of this application?

Applicant's Signature: _____

Date: _____

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Examination Application for Registered Nurses

Applicant Name: _____

Social Security Number: _____ - _____ - _____

SECTION C: Eligibility Questions

- 1) ☐ No ☐ Yes *For any criminal offense, including those pending appeal, have you:
- A. been convicted of a misdemeanor?
 - B. been convicted of a felony?
 - C. pled nolo contendere, no contest, or guilty?
 - D. received deferred adjudication?
 - E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
 - F. been sentenced to serve jail or prison time? court-ordered confinement?
 - G. been granted pre-trial diversion?
 - H. been arrested or have any pending criminal charges?
 - I. been cited or charged with any violation of the law?
 - J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character and fitness.

- 2) ☐ No ☐ Yes *Are you currently the target or subject of a grand jury or governmental agency investigation?
- 3) ☐ No ☐ Yes Has any licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
- 4) ☐ No ☐ Yes *Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?
If "YES" indicate the condition:
☐ schizophrenia and/or psychotic disorders,
☐ bipolar disorder,
☐ paranoid personality disorder,
☐ antisocial personality disorder,
☐ borderline personality disorder
- 5) ☐ No ☐ Yes *Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466. If you are licensed as an LVN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer "NO" to questions #4 and #5.

NOTE: IF YOU ANSWERED "YES" TO #1-5 PLEASE REFER TO THE ELIGIBILITY QUESTIONS INSTRUCTIONS

Applicant's Signature: _____

Date: _____

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Examination Application for Registered Nurses

Applicant Name: _____

Social Security Number: _____ - _____ - _____

SECTION D: Nurse Compact Declaration

In accordance with the Nursing Practice Act, section 304.001, art. 4 and 22 TAC §220.2, check one of the following:

- ☐ **I declare Texas as my primary state of residence and I have provided a Texas address.** I am eligible for a Compact Texas License (if applicable, once you receive the Texas license, your other compact state license(s) will be inactivated).
- ☐ **I declare Texas as my primary state of residence but I have not provided a Texas address.** I am eligible for a Single State Texas License only.
- ☐ **I am declaring a Non-Compact State as my primary state of residency.** My permanent residence is a state not participating in the Nurse Licensure Compact. I am eligible for a Single State Texas License only. (You may visit https://www.ncsbn.org/Implementation_dates_list.pdf for a listing of participating states) I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.
- ☐ **I am declaring another Compact State as my primary state of residence.** Therefore, I understand that I cannot receive a Texas license at this time (temporary or permanent), but I wanted to get the process started. I will submit a Sworn Declaration of Primary State of Residence form when my primary residence changes to Texas or a non-compact state. I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.
- ☐ **I am employed exclusively in the US military (Active Duty) or with the U.S. Federal Government and am requesting a Texas single-state license regardless of my primary state of residence.** I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.

Upon licensure in Texas, in which state(s) do you intend to practice (list all states that apply);

electronically _____,
telephonically _____, or
physically _____.

Attestation/Consent to Release & Use of Confidential Records

I, the NCLEX ® Candidate whose name appears within this Application, acknowledge this document is a legal document and I attest that I understand & meet all the requirements for the type of licensure requested, as listed in sections 301.252, 301.253, 301.452, 301.453, 301.454 and 304.001 of the Nursing Practice Act; 22 TAC §§ 213.27, 213.28, 213.29, 213.30, 213.33; 22 TAC §§ 217.11 and 217.12.

Further, I understand that it is a violation of the 22 TAC § 217.12 (6)(I) and the Penal Code, sec 37.10, to submit a false statement to a government agency; and I consent to release of confidential information to the Texas Board of Nursing and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application.

I understand that if I have any questions regarding this affidavit I should contact an attorney or the appropriate professional health provider. I will immediately notify the Board if at any time after signing this affidavit I no longer meet the eligibility requirements.

Applicant's Signature: _____

Date: _____ / _____ / _____

TEXAS BOARD OF NURSING
333 Guadalupe - Suite 3-460, Austin, Texas 78701
(512) 305-7400 – Web Site: www.bon.texas.gov

Office Use Only

Rec'd Date:

Affidavit of Graduation for Graduates in the USA and US Territories (RN Candidates)

This portion of the application must be completed by the Dean/Director of the Nursing Program **only**. The signature of other persons such as associate deans, program coordinators, or faculty members will not be accepted unless the Board has received official notification from the governing institution's administration that another registered nurse on the faculty has been given the authority to sign for the dean/director, the length of time that the signature authority is valid, and a sample of the authorized person's signature.

This affidavit verifies that the applicant named below successfully completed all requirements for completion of graduation from an approved professional nursing program. **Please note, this portion of the application cannot be signed prior to the date of completion or graduation date.**

Pursuant to Rule 214.6 (i)(3), I hereby certify that:

I hereby verify _____
First Name Middle Name/Maiden Name Last Name

Social Security Number: _____ - _____ - _____ entered the _____
Name of School of Nursing

located in _____ on the date of _____ / _____ / _____
City State Enrollment Date (month/day/year)

and has completed requirements for graduation on the date of _____ / _____ / _____
month day year

NCSBN Program Code: _____ - _____

Was this program conducted in English? ☐ YES ☐ NO

The applicant received:

☐ Diploma in Nursing ☐ Associate Degree ☐ Baccalaureate Degree ☐ Masters Degree

☐ Has met BSN requirements en route to MSN ☐ Has met requirements for repeating a nursing program

NOTE: DEAN/DIRECTOR MUST SIGN THE AFFIDAVIT OF GRADUATION AFTER THE APPLICANT HAS COMPLETED ALL REQUIREMENTS FOR GRADUATION.

I am the Dean/Director for the program listed above and attest that the factual statements contained in the information provided on this affidavit are within my personal knowledge and are true and correct. Furthermore, I acknowledge this is a legal document and understand that it is a violation of the 22 Texas Administrative Code, §§ 217.12 (6)(I) and the Penal Code, sec 37.10, to submit a false statement to a government agency.

Name of Dean/Director _____

(School Seal)

Signature of Dean/Director _____

Contact phone number/email address _____
(For schools outside the state of Texas)

TEXAS BOARD OF NURSING
333 Guadalupe - Suite 3-460, Austin, Texas 78701
(512) 305-7400 – Web Site: www.bon.texas.gov

**VERIFICATION OF LICENSURE FOR *NCLEX-RN®* EXAMINATION
for Graduates outside of the USA and US Territories**

SECTION A: <u>APPLICANT PORTION</u> - To be completed by the applicant and forwarded to the <u>ALL</u> appropriate licensure authorities that the applicants has been licensed as a professional registered nurse or licensed vocational/practical nurse in the applicable country, state, province, and/or territory.		
Name (First, Middle, Last)	All Previous Name(s) used	
Mother's Maiden Name	Date of Birth(month/day/year)	License Number
Name as appears on original license (First, Middle, Last)	Issuance Date of Original Licensure	Name of Country/Province/Territory Issued
Basic Nursing Education Program- Type of Basic Nursing Program [<input type="checkbox"/>] Vocational/Practical Program [<input type="checkbox"/>] Other _____		
LICENSING AUTHORITY PORTION: Only to be completed by the licensing authority		

Licensing Agency: The above named individual has applied for Licensure as a registered nurse in the State of Texas. Please complete the information below in its entirety and return this form to the Board's address listed above

This is to verify _____
First Name Middle Name Maiden Name Last Name

was issued # _____ to practice as a (circle one) RN / LVN nurse on _____ / _____ / _____.
month day year

The license expires on _____ / _____ / _____ or [☐] issued for life.
month day year

Licensure status: [☐] Active [☐] Lapsed [☐] Inactive [☐] Encumbered*

** If license has ever been revoked, suspended, restricted, limited or placed on probation, please attach a letter of explanation.*

Was the applicant originally licensed in your country? [☐] YES [☐] NO

If "**NO**", what country did the applicant originally receive recognition as a nurse? _____

Nursing program name: _____

Location of program: _____
City Country

Type of Basic Nursing Education Program: [☐] Diploma [☐] Associate Degree [☐] Baccalaureate Degree [☐] Master's Degree

Was this program conducted in English? [☐] YES [☐] NO **Date of Graduation:** _____ / _____ / _____ (Month/Day/Year)

**If UNABLE to provide month/day/year of graduation, please attach a letter of explanation.*

Signed _____

(Must bear Official Seal here)

Must be original signature-Stamped signatures not accepted

Title _____

Country/State/Province/Territory _____

Contact phone number/email address _____

Date Signed _____ / _____ / _____
Month Day Year

Instructions for the Application by NCLEX-RN® Examination for Registered Nurses

EXAMINATION APPLICATION INSTRUCTIONS FOR REGISTERED NURSES

Read all application instructions: To avoid a delay in the application process, please answer each question and follow each of the instructions carefully. An application is not reviewed for a **permanent license** until all requirements are met and fees are received. An incomplete application could delay approval for the authorization to test, GN/GVN Permit, or permanent license.

- **Please read all application instructions before completing your application.** Please note, by signing the Application by NCLEX-RN® Examination, you are also acknowledging that you have read and understood the Texas Nursing Practice Act (NPA) and the Rules and Regulations that govern licensure in the State of Texas. To obtain a copy of the NPA and the Rules and Regulations, visit the Board web site at www.bon.texas.gov.
- **The application is not complete until all required documentation and fees are received.** An incomplete application will delay final approval of the application. **All documents become a permanent part of your file and will not be returned.** Applications are reviewed in date order received. Be sure to answer all questions honestly. The Texas Board of Nursing may deny your application if you provide false information on your application.

Applicants may check the status of their applications online at <https://www.bon.texas.gov/olv/applstatus.html>

APPLICANT INFORMATION

1. Print in black ink or type your information on the Examination Application. The application will be accepted only if information is printed legibly.
2. Sign and date the *Attestation/Consent to Release & Use of Confidential Records* statement on page 3.
3. Attach the individual required fee of **\$125.00** (check must be drawn on a US Bank, US Money Order or Canadian Postal Money Order, and be made payable to the Texas Board of Nursing - **DO NOT SEND CASH**). **The fee is non-refundable.** Note: The Board is unable to process checks and/or money orders made out for more than one application. Furthermore, submitting an application and payment separately will potentially delay processing.
4. Criminal background checks are performed on all applicants for Licensure in Texas. A criminal background check must be completed through the Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) based on the set of fingerprints you provide to MorphoTrust. **The BON cannot accept fingerprint cards or criminal background check results mailed by the applicant, or results that were completed for another facility, even if the previous check was completed through DPS and FBI.** The following information will assist you in submitting the required fingerprints to our office:

For applicants residing in Texas, The instructions on the Fast Pass labeled 'Applicants residing in Texas' will assist you in scheduling your appointment. Log on to the IdentoGO website, <http://www.identogo.com> or call 1-888-467-2080. If you are scheduling by phone, you will need to request an "Electronic Fingerprint Submission" appointment. You will be prompted by IdentoGO for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. Requested data is required by TXDPS and FBI to process the background check.

All necessary fields on the attached FAST Pass must be completed and taken to your appointment along with a valid state issued identification. During the fingerprint appointment you will be prompted for Social Security Number and Driver License Number. You will also be required to have your photograph taken at the time of the appointment. Once the appointment is completed you will be provided with a signed receipt which includes the Tracking Control Number (TCN); please retain this receipt for your records. The fingerprints, demographic information, and photograph will be sent to TXDPS for processing. Once the background check is completed, the Criminal History Record Information, based upon the fingerprint submission, will be provided electronically to the BON via a Secure Website account.

Note: MorphoTrust (IdentoGO) cannot transmit electronic submissions from MorphoTrust sites located outside the state of Texas. If you are located outside the State of Texas then follow the directions below.

For applicants residing outside Texas, You will need to use the FAST Pass labeled 'Applicants residing outside of Texas' and obtain a standard FBI fingerprint card from the BON, a local law enforcement agency, embassy, or IdentoGo Service Center near you. You will need to locate a fingerprinting service in your area to complete the fingerprinting card with your fingerprint images. You will then register your ink card submission by logging on to the IdentoGO website, <http://www.identogo.com> or by calling 1-888-467-2080. If you are scheduling by phone, please request an "Electronic Fingerprint Submission". You will not schedule a fingerprint appointment; you are only registering your ink card submission. When registering your submission you will be prompted for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. Individual's signature and registration identification number (RegID) must be on the FAST Pass form. Please print legibly. Requested data is required by the Texas Department of Public Safety to process your background check. All the information requested on the form is required.

You will need to obtain a complete, legible set of fingerprints on the approved fingerprint card. The cost for obtaining an ink card may vary and is not included in the Texas Background check fee. Cards must be mailed to the vendor. The following information regarding person whose record is to be searched, must be completed on the fingerprint card. Please print legibly: Printed last name, first name, middle name of individual, including all alias names. Sex, race, date of birth, Social Security Number and the individual's signature must be on the fingerprint card. Please note that IdentoGo Service Centers outside the State of Texas cannot submit fingerprints electronically for a Texas background process.

Mail Fingerprint Card and FAST Pass to:

MorphoTrust USA
Attn: Texas Card Scan
3051 Hollis Drive, Suite 310
Springfield, IL 62704

The Texas Board of Nursing does not make judgments regarding the fingerprints that are submitted. Occasionally DPS and/or the FBI will notify the BON that the fingerprints submitted were not usable and/or readable and therefore have been rejected. You will be notified that a rejection has been received and another set of fingerprints is required. The BON can only submit a request to initiate a name search on your behalf if our office has received two (2) quality rejections from the FBI. A rejection for any other reason (i.e. smudging, impressions too light etc.) would not count towards this requirement.

Applicants will not be approved to take the NCLEX-RN® examination or be issued a GN authorization (if eligible) without a valid criminal history report.

5. To receive a permanent license, the applicant must do the following:

- A. Complete the required criminal background check as directed in Step 4 of this section.
- B. For internationally educated and licensed nurses, you must provide a VOL from that country/territory/province. Please see the instructions below for the VOL procedure.
- C. All applicants by examination must **pass** the Texas Nursing Jurisprudence Examination. You must pass this examination prior to being issued a permanent license. This has no bearing on your GN authorization.

Instructions on taking the Texas Nursing Jurisprudence Examination: Fifteen business days after you submit the examination application and fee to the Texas Board of Nursing, you will be eligible to take the online nursing jurisprudence exam at <http://www.bon.texas.gov/olv/je.html>. Follow the instructions to log on and complete the examination.

The examination is based on the Texas Nursing Practice Act (NPA) and the Texas Board of Nursing Rules and Regulations. We recommend that you view a copy of the NPA and Board Rules and Regulations from our website by going to www.bon.texas.gov, and click on "Nursing Law and Rules." An online jurisprudence prep course is available on the Board's website: <http://www.bon.texas.gov/olv/je-course.html>. This course is voluntary and contains information about the NPA and Rules and Regulations of the Texas BON. You may also purchase a hard copy of the NPA and Rules and Regulations by downloading the Publications Order form from our website under "download other paper applications and forms". (Return the form and fee to the address located at the top of the form).

The examination is a maximum of two hours in length. If you are not successful in passing the examination or if the system locks up, you may retake the examination again after 24 (twenty-four) hours has elapsed from the previous attempt. The cost of the examination is included in your application fee. Again, you must pass this examination before the Texas Board of Nursing will issue the permanent license.

VOL PROCESS FOR INTERNATIONAL APPLICANTS EDUCATED OUTSIDE THE USA AND US TERRITORIES

A completed Application by NCLEX-RN® Examination consists of all fees, a completed criminal history report, proof of passing scores of English Proficiency exam (if program was not conducted in English), an original Credential Evaluation Service (CES) Full Education course-by-course report, sent directly from an approved organization and a Verification of Licensure (VOL) form from all countries, states, provinces and/or territories you hold or have held a license. The VOL must come directly from the licensing authority and must bear the authorities official seal. The VOL is only valid for one (1) year after it is signed and sealed by the licensing authority *Note: the CES Full Education course-by-course report will usually contain your original country of licensure's VOL. If the CES report does not include this information, then you will need to send the **VERIFICATION OF LICENSURE FOR NCLEX-RN EXAMINATION** form to the licensing agency that granted your authority to practice.

Follow the instruction provided on under Criminal Background Checks. A social security number is not required; however, receipt of the FBI criminal history report will take longer for the candidates who do not have this identifying information.

The Board accepts the CES report from the Commission on Graduates of Foreign Nursing Schools (CGFNS), the Educational Records Evaluation Service, Inc. (ERES) or the International Education Research Foundation, Inc. (IERF). The CES must be dated within one year of issuance by the certification organization. You may access this service by going to one of the following websites: www.cgfns.com www.eres.com or www.ierf.org.

Note: You will be sent a letter if the CES report indicates that you do not meet the requirements for the Texas Board of Nursing. Any discrepancies in the report should first be addressed with organization that completed the CES report.

If your nursing program was conducted in a Language other than English, you must provide proof of English Proficiency. The Board accepts:

- 1)the Test of English as a Foreign Language (TOEFL) with a passing score of 560 paper based or 220 computer based, or;
- 2)the Test of English as a Foreign Language (TOEFL) internet based test (iBT) with a minimum passing score of 83, or;
- 3)receipt of both the Test of Spoken English (TSE) with a minimum score of 50 and the Test of Written English (TWE) with a minimum score of 4.0, or;
- 4)the International English Language Testing System (IELTS) with a passing standard of an overall score of 6.5 with a minimum of 6.0 in all of the four modules, or;
- 5)the Pearson Test of English Academic (PTE) with a passing standard of an overall score of 55 with a minimum of 50 in each of the four modules.

All international applicants must show proof of working in nursing for a period totaling two (2) years (i.e. 24 months) at any time after graduation from a nursing program.

If you have not worked at least two (2) years as a first level, general nurse within the four (4) years preceding the filing of the application, you will not be licensed until you complete a Foreign Educated Nurse (FENS) refresher course consisting of 120 hours of classroom instruction and 120 hours of clinical practice under direct supervision of a Registered Nurse. The applicant required to take the FENS refresher will be given a six (6) month permit to complete the refresher course. Further instruction will be provided upon passing the NCLEX-RN® examination.

REGISTRATION FOR NCLEX-RN® EXAMINATION

The Board will not approve you to take the examination or issue an online GN authorization (if eligible) unless you have paid the \$200.00 NCLEX-RN® registration fee to NCS Pearson. The Board recommends that you register with NCS Pearson one (1) month prior to graduation or applying to the Board to take the NCLEX-RN® examination. Three registration options are available:

- (1) Register online by visiting www.vue.com/nclex and using a VISA, MasterCard, or American Express credit card; or
- (2) Register over the phone by calling NCS Pearson 1-866-496-2539, Monday-Friday, 7 am to 7 pm, U.S. Central Standard time; or
- (3) Register by mail with a certified check, cashier's check, or money order.

Make sure that you registered for the NCLEX-RN® examination. Registering for the wrong test type will significantly delay processing. The Authorization To Test (ATT) letter (once approved by the Board) will come directly from the testing service. The ATT letter is only valid for 75 days and will not be extended under any circumstance. If you do not receive your ATT letter after you have been approved to take the exam, you must contact NCS Pearson/VUE to request a duplicate copy.

FIRST TIME TEST TAKERS (In-State and Out-of State Applicants)

A completed Application by NCLEX-RN® Examination and all fees should be submitted to the Board 120 days prior to your graduation date.

The Affidavit of Graduation (AOG) form must be completed by the Dean/Director of your nursing program. The document must be signed on or after the date of completion of the program or graduation. *For Texas based schools Affidavits must be submitted online.

Verification of GN authorization may be performed online, using the Boards web site www.bon.texas.gov Online Verifications option. **GN authorization will not be issued prior to the Authorization to Test.**

APPLICANTS RE-WRITING THE NCLEX-RN® EXAMINATION

All applicants must take and pass the NCLEX-RN® examination within four (4) years of graduation (U.S. graduates) or date of eligibility (for applicants educated outside of the U.S. who have practiced at least two years as a first-level general nurse). All applicants will receive unlimited testing attempts within the four (4) year period. Applicants nearing the end of their four (4) year eligibility period must apply and be approved to take the NCLEX-RN® examination on/or before 120 days prior to the last day of eligibility. If your last day of eligibility is within 120 days, you will not be approved to take the NCLEX-RN® examination and must reeducate by completing an entire nursing program. NO EXCEPTIONS WILL BE MADE.

To be approved to take the examination, you must submit a new Application by NCLEX-RN® Examination and the fee. For international graduates, if the Verification of Licensure (VOL) is over 1 year from issuance, the applicant must make arrangements for the BON to receive a new VOL. Candidates will not be approved to re-take the examination until all required information is received.

Applicants must also re-register with NCS Pearson before a new ATT will be issued.

NAME/ADDRESS INFORMATION

Indicate your legal name on the Application by NCLEX-RN® Examination form as listed on your Driver's License or Picture Identification (i.e. passport). Discrepancies in name may result in not being able to verify your identity the day of your examination. The name indicated on the Application by NCLEX-RN® Examination form will be the name indicated on the RN certificate with the BON upon receiving a passing score.

Name changes must be submitted to the BON in writing with a copy of the official document reflecting the name change (i.e. marriage certificate, divorce decree). Applicants may fax a written statement to the BON including the official name change document, name you wish to change to and social security number. Make the written statement to the attention of the Examination Department. The BON has fifteen (15) business days to process any request received by an applicant. To receive a duplicate ATT letter reflective of the name change, you must contact NCS Pearson directly to request another ATT letter.

Address changes may be submitted in writing to the Board either via mail, email or fax. Please indicate name, social security number, and new address to the attention of the Examination Department. The BON makes every attempt to process requests within fifteen (15) business days of receipt. To receive a duplicate ATT letter reflective of the address change, you must contact NCS Pearson directly to request another ATT letter.

SPECIAL ACCOMMODATIONS FOR THE NCLEX-RN® EXAM

In compliance with the Americans with Disabilities Act (ADA), the Texas Board of Nursing provides reasonable accommodations for candidates with disabilities that may interfere with their performance on the National Council Licensure Examination for Registered Nurses (NCLEX-RN®). **Disability** is defined in the Americans with Disabilities Act as a “physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.” **Major life activities** means “functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working.” (28CFR35.104 - Nondiscrimination on the Basis of Disability in State and Local Government). If you feel you may qualify to receive special accommodations for testing, download the “Special Accommodations” form off the web site at www.bon.texas.gov/olv/forms.html. **Please note:** candidates requesting accommodations will not be approved to take the NCLEX-RN® or receive an online GN authorization until the special accommodations for testing have been approved by the BON.

A registration payment to NCS Pearson must be in place before the Special Accommodations can be updated to the system.

NURSE LICENSURE COMPACT

All graduates must declare their primary state of residence. ***Please note, if your primary state of residence is a member of the Nurse Licensure Compact (other than Texas), we will discontinue processing your application and advise you to apply with the state you indicated.*** For a complete listing of the compact states, please visit the National Council web site at: <https://www.ncsbn.org/158.htm>

EXAMINATION RESULTS

Applicants may access this information located on our web site at www.bon.texas.gov Licensure information is updated daily. If a license has not been issued, this does not necessarily mean you have failed the exam.

Results will not be released over the telephone or via email to the applicants. If you have not received your results within 30 days of the date that you took the NCLEX-RN® contact the Board to request the results be re-mailed. **(Note:** A license cannot be issued until the Nursing Jurisprudence Examination has been completed).

ELIGIBILITY QUESTIONS

If you answered yes to questions 1-5 of the Eligibility Questions on page 2, you must provide the Board with the following information:

***QUESTION #1.** The Board has determined that criminal behavior is highly relevant to an individual's fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication-a determination by a court that is withheld or delayed for a specific time period, must be reported to the Board. This question includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. SUBMIT a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. The document must be signed and dated. In addition, SUBMIT the following documentation for **all** felonies, **all** misdemeanors, and all military actions:

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(To obtain this documentation, contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies. If the record does not exist, you must obtain a statement from that court that the document has been destroyed or could not be located.)

You may answer "NO" to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of "delinquent conduct". If you were ever required to register as a sex offender, you must answer "YES".

If you have questions regarding the outcome of any criminal matter, consult your attorney.

***QUESTION #2.** The Nursing Practice Act provides that a person's conduct in violation of the Nursing Practice Act or rules of the Board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if a licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nursing Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please SUBMIT the name and address of the investigating entity and an explanation as to the basis of the investigation.

QUESTION #3. The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual's current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, SUBMIT the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, SUBMIT certified copies of

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority's order or requirements have been met.

***QUESTION #4.** The practice of nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, may indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated, or hospitalized for any of the above illnesses within the last 5 years, submit the following information that will allow the Board to conduct an individualized assessment of your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge.

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

Please be advised that a physical/psychological evaluation may be requested as part of your individualized assessment. The evaluation process is described in more detail at www.bon.texas.gov/disciplinaryaction/eval-guidelines.html. The evaluation process could potentially delay consideration of your application. Therefore, the Board is providing advance notice of this possibility so that applicants may contact the Board to schedule an evaluation at the beginning of the application process. By doing so, the application should not be unduly delayed. An applicant is not required to contact the Board in advance of Board consideration of the application. The applicant may choose to wait for a specific decision by the Board that a specific evaluation is necessary. This information is being provided to put applicants on notice with respect to this potential requirement and afford the applicant the opportunity to expedite the process if he/she so desires.

***QUESTION #5.** The practice of professional nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence, for example, current support group attendance and random drug testing results; and
4. a personal letter of explanation with sobriety date and plan for relapse prevention.

The paperwork will be submitted for the initial review in the Operations Department within fifteen business days of the application, examination fee, background check results, and pertinent documentation being received. This initial review can take up to 30 days. If it is determined that the issue being reported to the BON meets the criteria for opening a case according to our current rules, you will be required to pay a \$150.00 review fee. Your file will be transferred to our Enforcement Department for review once the payment is received. This review may take a minimum of four months. The BON **will not** approve an applicant for permanent licensure until a decision has been rendered by our Enforcement Department.

*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, immoderate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

CHECK LISTS

The following must be received by the BON for your application to be complete. The BON will be unable to approve applicants to take the NCLEX-RN® unless the following information is submitted. Please keep in mind that some documentation provided to the BON to approve your application is time sensitive and will expire after a period of time.

First Time Test Takers (USA and US Territories)

- [] Application by NCLEX-RN® Examination
- [] Report on the Criminal Background Check (based on fingerprints submitted to MorphoTrust)
- [] **Fee of \$125.00** made payable to the Texas Board of Nursing (BON) in the form of a personal check, cashier's check or money order.
- [] Affidavit of Graduation from Nursing Program (Form must be completed by the Dean/Director and will not be accepted if signed prior to completion of program or graduation).
- [] Registration with NCS Pearson/VUE to take NCLEX-RN® examination. (DO NOT SEND \$200.00 NCLEX-RN® FEE TO THE BOARD)
- [] Pass the Nursing Jurisprudence Examination (required before Texas licensure will be issued)

Internationally Educated Applicants

- [] Application by NCLEX-RN® Examination
- [] Report on the Criminal Background Check (based on fingerprints submitted to MorphoTrust)
- [] **Fee of \$125.00** made payable to the Texas Board of Nursing (BON) in the form of a personal check, cashier's check or money order.
- [] Verification of Licensure (VOL) form from all countries, states, provinces and/or territories you hold or have held a license as a first-level, general nurse. **(Expires one (1) year after it is signed and sealed by the licensing authority)**
- [] CES Full Education course-by-course report.
- [] Proof of English Proficiency scores, if applicable.
- [] Registration with NCS Pearson/VUE to take NCLEX-RN® examination. (DO NOT SEND \$200.00 NCLEX-RN® FEE TO THE BOARD)
- [] Pass the Nursing Jurisprudence Examination (required before Texas licensure will be issued)

Rewriting the NCLEX-RN®

- [] Application by NCLEX-RN® Examination
- [] **Fee of \$125.00** made payable to the Texas Board of Nursing (BON) in the form of a personal check, cashier's check or money order.
- [] Registration with NCS Pearson/VUE to take NCLEX-RN® examination. (DO NOT SEND \$200.00 NCLEX-RN® FEE TO THE BOARD)

FAQs - Multistate Recognition - Nurse Licensure Compact

1. How and Why Did The Nurse Licensure Compact Begin?

The United States Congress passed the Telecommunications Act of 1996 in response to the rapidly increasing practice of healthcare by electronic means. The Telecommunications Act called for development of standards and an infrastructure for telecommunications in healthcare. The nursing regulatory model in place at that time required a nurse to obtain licensure in each state where the nurse wished to practice. In addition to the obvious bureaucratic constraints of this model, the Texas Board also had no authority to take action against a nurse's license if a patient in Texas was harmed by a nurse practicing remotely in another state.

In response to the mandate of the Telecommunications Act, the National Council of State Boards of Nursing (NCSBN) embarked on a 3-year journey to develop a model of Multistate nursing licensure recognition that would "remove regulatory barriers to increase access to safe nursing care." The RN and LPN/VN Nurse Licensure Compact began January 1, 2000, when it was passed into law by the first participating states: Maryland, Texas, Utah and Wisconsin.

2. How Does This Multistate Licensure Model Work?

It is very similar to the driver's license model. A person holding a driver's license in his/her home state is permitted to drive in other states without applying for a driver's license in every state he/she drives through. Though requirements for a driver's license are similar across states, each state may determine and vary its own licensure requirements. The Nurse Licensure Compact is similar in that it allows a nurse licensed in one "home" compact state to practice in a party compact state without seeking an additional nursing license. Another similarity to the driver's license model is that the Nurse Licensure Compact is implemented through laws passed by the legislature of each participating state. The essence of any state Compact law must permit the nursing board of that state to recognize individuals licensed as nurses from other participating compact states.

In order to enjoy the multistate licensure privilege, the Compact requires that the nurse be licensed in the state in which he/she permanently resides. This license is known as a home state license. The nurse must meet the licensure criteria of his/her home state in order to obtain and retain multistate licensure recognition (MSR) privileges on his/her home state nursing license.

Other states belonging to the Nurse Licensure Compact are known as "Party" states because their state governments have also agreed to recognize nurses licensed in other compact-member states. This recognition allows a nurse to practice in a party state on his/her home state license. A nurse practicing in another party state pursuant to the multistate privilege must comply with the state practice laws of the state in which the patient is located at the time care is given.

3. What Happens If A Nurse Moves To Another State?

A nurse can hold a home state license in only one state at a time. If a nurse changes permanent residence from one party state to another party state, then the nurse must relinquish licensure in the previous state of residence and apply for licensure in the new home state. Rule 220.2 (f) permits a nurse to practice on a home state license other than Texas for a maximum of 90 days when the nurse is changing permanent residence. Under the Compact, the nurse may move back to his/her previous party state and re-establish

licensure or move to another party state and apply for licensure there.

If a nurse moves to a state that has not enacted or does not recognize the Compact, the previous home state license converts to a Single-State license valid only in the former home state. A single-state nursing license does not entitle the nurse to practice under multistate privilege in other party states.

4. What About Disciplinary Action Against A Nurse's License?

The Compact is enforceable as law and cannot be changed without the consent of all party states. In Texas, Chapter 304 of the Nursing Practice Act and Board Rule 220 establish the requirements regarding the Nurse Licensure Compact.

A nurse practicing in a party state will be subject to the nursing practice laws and regulations of that remote party state. The nurse must know and conform to the laws, rules and regulations affecting his/her practice in the remote party state. If a nurse violates the Nursing Practice Act (NPA) or rules of the party state, the nursing board of the party state may revoke or restrict the nurse's privilege to practice in that state, but cannot directly sanction the nurse's home state license.

Violations of nursing practice occurring in a remote party state will be reported to the nurse's home state nursing board. The home state nursing board will then investigate and take appropriate disciplinary action for a violation that occurred in a party state. Administrative procedures according to individual state law, including due process rights of a nurse, will apply to disciplinary proceedings related to violations occurring under a compact license privilege.

The shared goal of all US nursing boards is to protect public health and safety through the regulation and monitoring of nursing education and practice. A coordinated licensure information system called NURSUS promotes ongoing attainment of this goal through access to information on the licensing and disciplinary history of each nurse. A party state must submit information on any current significant investigation, action against a nurse's compact privilege, or any denials of applications for licensure.

5. What is the impact of the Nurse Licensure Compact?

Mutual recognition of a nurse's license in states belonging to the Compact increases nurse mobility and facilitates delivery of health care by innovative communication practices such as telenursing. Additionally, the Compact promotes the public health and safety by encouraging cooperative efforts among the party states in nurse licensing and regulation. As more state legislatures enact the Nurse Licensure Compact, the number of party states will increase and the nation will move closer to allowing one home state license to grant a nursing privilege nationwide.

For questions regarding the Compact or its impact on your nursing license, contact BON staff at (512) 305-6809 or e-mail via webmaster@bon.texas.gov. General questions about the Compact language or the concept of mutual recognition of licensure can be obtained from the National Council of State Boards of Nursing website at <https://www.ncsbn.org/156.html>.



FOR APPLICANTS RESIDING IN TEXAS

The Texas Department of Public Safety has entered into an exclusive contract with MorphoTrust, which operates over 80 Identogo Centers around Texas, to provide statewide electronic fingerprinting. The goal of the Fingerprint Applicant Services of Texas (FAST) Program is to provide convenient applicant fingerprinting services throughout the state of Texas. Identogo is committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. Appointments are available by scheduling on-line at <http://www.identogo.com> or by calling **1-888-467-2080**. The cost of this service is \$9.95 plus a \$31.50 fee for the State and National Criminal History Record Information. Fees associated with the F.A.S.T. service may be paid online with a credit card or onsite with a check or money order made payable to MorphoTrust USA only. (Cash is not accepted.)

Here is how to get started:

1. **You will need to follow the instructions on the FAST Pass labeled 'Applicants Residing in Texas' to schedule an appointment** by logging on to the Identogo website, <http://www.identogo.com> or by calling **1-888-467-2080**. If you are scheduling by phone, you will need to request an **"Electronic Fingerprint Submission"** appointment.

When scheduling an appointment you will be prompted by Identogo for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address.

✦ *Requested data is required by the TXDPS and the FBI to process the background check.*

2. All necessary fields on the FAST Pass must be completed. You will need to bring the completed FAST Pass and valid State Issued Identification to your appointment. During the fingerprint appointment you will be prompted for Social Security Number and Driver License Number. You are also required to have your photograph taken at the time of the appointment.

✦ *Requested data is required by the TXDPS and the FBI to process the background check.*

3. Once the appointment is completed you will be provided with a signed receipt which includes the Tracking Control Number (TCN), please retain this receipt for your records.
4. The fingerprints, demographic information, and photograph will be sent to TXDPS for processing and returned to the BON via a Secure Website account.



Fast Pass Applicants Residing In Texas Texas Board of Nursing

This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting <http://www.identogo.com> or by calling 1-888-467-2080. When scheduling an appointment you will be prompted by Identogo for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is

required by the Texas Department of Public Safety to process your background check. These data elements have been omitted from this document in order to better protect the security of your personal information. You may pay for *FAST* services online with a credit card or onsite with a check or money order only made payable to MorphoTrust USA. (Cash is not accepted.) Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to <http://www.identogo.com>
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **All Others**
7. Select: **Option A – Electronic Submission**
8. Select: **Yes, I have a FAST Fingerprint Pass**
9. Enter: **TX920440Z**
10. Enter: **Application ID**
11. Follow the prompts to enter requested information
12. Bring this completed form with you to your appointment

Section One: Qualified Entity Information

ORI#: **TX920440Z**

Original TCN: _____
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: Texas Board of Nursing

Section Two: Applicant Name (To be completed by applicant)

Last: _____ First: _____ Middle: _____
(Please print) (Please print) (Please print)

Section Three: Waiver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Signature: _____ Date: _____

Section Four: Service Center Information (To be completed by FAST Enrollment Agent)

Date Prints Taken _____ Amount Charged For Service: **_\$41.45_**

Paid by: ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ Billing Acct _____

TCN: _____



I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

E.A. Name: _____ E.A. Signature: _____
(Please print)



FOR APPLICANTS RESIDING OUTSIDE TEXAS

The Texas Department of Public Safety has entered into an exclusive contract with MorphoTrust, which operates over 80 IdentoGO Centers around Texas, to provide statewide electronic fingerprinting. The goal of the Fingerprint Applicant Services of Texas (FAST) Program is to provide convenient applicant fingerprinting services throughout the state of Texas. IdentoGO is committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. Appointments are available by scheduling on-line at <http://www.identogo.com> or by calling **1-888-467-2080**. The cost of this service is \$9.95 plus a \$31.50 fee for the State and National Criminal History Record Information. Fees associated with the F.A.S.T. service may be paid online with a credit card or onsite with a check or money order made payable to MorphoTrust USA only. (Cash is not accepted.)

Here is how to get started:

Applicants residing outside the State of Texas or the United States will follow the steps below:

- a) **A completed FAST Pass Form:** You will need to follow the instructions on the FAST Pass labeled 'Applicants Residing Outside of Texas' to register your ink card submission by logging on to the IdentoGO website, <http://www.identogo.com> or by calling **1-888-467-2080**. If you are scheduling by phone, please request an "Electronic Fingerprint Submission". **You will not schedule a fingerprint appointment; you are only registering your ink card submission.**

When registering your submission you will be prompted by for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address.

Individual's signature and registration identification number (RegID) must be on the FAST Pass form. Please print legibly.

- ✦ *Requested data is required by the Texas Department of Public Safety to process your background check. All the information requested on the form is required.*

A Completed Fingerprint Card: you will need to obtain a complete, legible set of fingerprints on a DPS approved fingerprint card which may be obtained from a local law enforcement agency, embassy or IdentoGo Service Center near you. You can visit <http://www.identogo.com> or call 1-888-467-2080 to locate an IdentoGo Service Center in your area to obtain an **ink card** for submission, or you can request one from the BONs website at <http://www.bon.texas.gov/olv/web-requests.asp>

*The cost for obtaining an ink card may vary and is not included in the Texas Background check fee. **Cards must be mailed to the vendor, fingerprints cannot be submitted electronically from outside the State of Texas.***

The following information regarding person whose record is to be searched, must be completed on the fingerprint card. Please print legibly:

- Printed last name, first name, middle name of individual, including all alias names.
- Sex, race, date of birth, Social Security Number.
- Individual's signature must be on the fingerprint card.

Mail Fingerprint Card and FAST Pass to:

MorphoTrust USA
Attn: Texas Card Scan
3051 Hollis Drive, Suite 310
Springfield, IL 62704



Fast Pass

Applicants Residing Outside of Texas

Texas Board of Nursing

This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please register your fingerprint submission by visiting <http://www.identogo.com> or by calling 1-888-467-2080. **When registering your fingerprint submission you will be prompted by Identogo for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth, Driver License Number and Home Address. Requested data is required by the Texas Department of Public Safety to process**

your background check. These data elements have been omitted from this document in order to better protect the security of your personal information. You may pay for *FAST* services online with a credit card or by mail with a check or money order only made payable to MorphoTrust USA. (Cash is not accepted.) Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to <http://www.identogo.com>
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **All Others**
7. Select: **Option A – Electronic Submission**
8. Select: **Yes, I have a FAST Fingerprint Pass**
9. Enter: **TX920440Z**
10. Select: **Pay for Ink Card Submission**
11. Follow the prompts to enter requested information.
12. Write in: **RegID** _____
13. Mail in this completed form with your completed Fingerprint Card to the address below.

Section One: Qualified Entity Information

ORI#: **TX920440Z**

Original TCN: _____
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: Texas Board of Nursing

Section Two: Applicant Name (To be completed by applicant)

Last: _____ First: _____ Middle: _____
(Please print) (Please print) (Please print)

Section Three: Waiver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Signature: _____ Date: _____

Section Four: Fingerprint Cards and Payment

Your fingerprint cards must include the following personal data: Date of Birth, Sex, Race, Height, Weight, Eye Color, Hair Color, Place of Birth, Home Address, and Social Security Number. Requested data is required by the Texas Department of Public Safety to process your background check. Mail your card and payment (if not paid online) to:

MorphoTrust USA
Attn: Texas Card Scan
3051 Hollis Drive, Suite 310
Springfield, IL 62704

RegID: _____
(provided at the end of online registration)

Amount Charged For Service: **\$41.45** _____

Paid by: ☐ Check/Money Order (mailed in) ☐ Credit Card (online)

Applicants wishing to verify that a fingerprint card has been processed may call (888) 467-2080 and speak with a customer service representative. Please allow 3 days from date of mailing before contacting MorphoTrust USA Enrollment Services regarding processing status.